PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

A32213-PCT-USA-1

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			13					RATE	FEE		RATE	FEE
FOR '		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		* Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			4 mir	nus 3 =	* (X42=		OR	X84=	84
MULTIPLE DEPENDENT CLAIM PRESENT						图		+140=		OR	+280=	280
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1104
CLAIMS AS AMENDED - PART II								y 1	in the		OTHER	THAN
		(Column 1)		(Colu		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OD	X\$18=	
	Independent	*	Minus	***		=		X42=		OR OR	X84=	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA								()	Un	•	3 1
								+140=		OR	+280=	
							4	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)		- 1			·	•
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		PREVI	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	\prod	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=]	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	CLAIM		┪┖	+140=		OR	+280=	
						•	L	TOTAL			TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	,	ADDIT. FEE		•	ADDII. FEEI	
AMENDMENT C		CLAIMS		HIGH	IEST		1 г	i	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		PREVIO PAID		PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=-	1	X42=			X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM]	A42=		OR	<u>∧04=</u>	
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE ADDIT. FEE												
		mber Previously Pai					er fou	nd in the app	ropriate box	in co	lumn 1.	